

On the other hand, it is recognized that individuals suffering with hypertension show abnormal pressor responses to cold and emotion, and the work of Peet,<sup>7</sup> Heuer,<sup>8</sup> and Adson<sup>9</sup> has shown that sympathectomy may cause some reduction in blood pressure in certain favorable cases of malignant hypertension.

It is thus readily seen that the basis for surgical intervention is not particularly simple or easy to explain. Experience in the clinics, where series of patients have been carefully studied, does not indicate that a remission, much less a cure, may be encountered in any but a very small number of cases. It is more than likely that the beneficial effects reported are purely subjective accounts of the patients' reactions, since clinical tests have shown but mild and inconstant reduction in blood pressure, only slight increase in kidney function, and little or no ability to return to a useful occupation. As James White<sup>10</sup> has so well described the situation, "the whole matter of surgical intervention in severe hypertension is still so much in its infancy that it is impossible to form any final judgment about the surgical procedures described to date." Although investigation has to progress through justified and intelligent trial and error, it would seem reasonable at this time to expect further experimental work in the field of neurophysiology before any definite contribution to the treatment of essential hypertension is made.

1930 Wilshire Boulevard.

LEO J. ADELSTEIN,  
Los Angeles.

#### ACQUIRED LESIONS OF THE TRICUSPID VALVE

The frequent presence of relative tricuspid insufficiency in advanced congestive cardiac failure is in striking contrast to the rare occurrence of organic disease of the tricuspid valve.

Relative tricuspid insufficiency is nearly always manifested by an increased pressure and systolic pulsations in the peripheral veins, the magnitude of such pulsations being considered an indication of the degree of valvular insufficiency. In many cases similar pulsations are demonstrable in the liver, which is enlarged under such circumstances. Systolic hepatic pulsations may be demonstrated either by direct palpation or with the aid of hepatic pulse tracings. One may or may not hear a systolic murmur localized over the lower sternum or xiphoid. If present, it is often indistinguishable from a similar murmur audible at the apex due to mitral insufficiency.

Relative incompetency of the tricuspid valve occurs so commonly with right ventricular dilata-

tion in marked degrees of congestive failure that it receives little comment at the autopsy table. Nevertheless its presence, from the clinical point of view, is important as indicative of serious myocardial weakness and an overburdened right ventricle; in which instances considerable temporary relief may be given the patient by venesection.

Although relative tricuspid insufficiency may occur in myocardial failure due to many causes, organic tricuspid disease is most commonly the result of rheumatic endocarditis. In acquired tricuspid valvular lesions, insufficiency and stenosis are always coexistent to some extent, although the former is most frequently the predominant lesion. Organic tricuspid regurgitation is difficult to distinguish from a relative insufficiency, except that the latter and its peripheral manifestations may disappear with a return of improved myocardial function.

Acquired tricuspid stenosis rarely occurs unassociated with other valvular lesions. Its almost invariable association with mitral stenosis complicates its detection, so that it is rarely diagnosed antemortem. In fact, of the 252 cases of tricuspid stenosis reported in the world literature up to the present time, only thirty-two have been correctly diagnosed prior to autopsy. This should not discourage attempts to demonstrate its presence, if suspected, since, if present to a sufficient degree, it may produce signs and symptoms that are diagnostic.

Patients with tricuspid stenosis are practically always dyspneic on exertion. There is cyanosis of varying degree, often marked. The cervical and brachial veins are distended with presystolic pulsations or large "a" waves, demonstrable in the jugular pulse tracings. In some instances, combined inspection of the apex beat and jugular pulse may show the exaggerated wave to be synchronous with contraction of the auricles, even without the aid of instruments. The liver is usually markedly enlarged and tender, with auricular (presystolic) and ventricular (systolic) pulsations detectable either by palpation or with the aid of hepatic pulse tracings. Double hepatic pulsations may be explained on the basis of an hypertrophied right auricle contracting against an obstruction to the ejection of blood into the right ventricle, followed by a retrograde stasis wave as a result of ventricular contraction. The most valuable and most significant clinical sign of tricuspid stenosis is the presence of auricular and ventricular pulsations in the liver. Upon the cessation of auricular activity during such arrhythmias as auricular arrest (sinus pauses), auricular fibrillation, nodal rhythm, or nodal tachycardia, the auricular pulse wave in the liver disappears, but the ventricular wave (systolic) persists.

Because the murmurs due to the frequently associated mitral stenosis are of greater amplitude, it may be impossible to detect auscultatory signs attributable to tricuspid stenosis. Nevertheless, in some instances it has been possible to demonstrate a diastolic or presystolic murmur over the xiphoid

<sup>7</sup> Peet, M. M.: Splanchnic Section for Hypertension: A Preliminary Report, Univ. Hosp. Bull., Ann. Arbor, Mich., 1:17, 1935.

<sup>8</sup> Heuer, G. J.: Anterior Spinal Nerve Root Section: A Surgical Treatment of Essential Hypertension, Ann. Surg., 102:1073, 1935.

<sup>9</sup> Adson, A. W., Craig, W. McK., and Brown, G. E.: Surgery in Its Relation to Hypertension, Surg., Gynec., and Obst., 62:314, 1936.

<sup>10</sup> White, J. C.: The Autonomic Nervous System, 263. The Macmillan Company, New York, 1935.

end of the sternum differing in quality and sometimes, although not necessarily, in timing, from a similar murmur at the apical region due to associated mitral stenosis. Confirmatory evidence of such auscultatory findings may be secured with the aid of simultaneous electrocardiograms and electrophonocardiograms.

Finally, fluoroscopic studies may show enlargement of the heart to the right, with dilatation or hypertrophy of the right auricle and pulsations in the superior vena cava. Such findings would certainly be considered corroborative.

384 Post Street.

RICHARD D. FRIEDLANDER,  
San Francisco.

#### DIPHYLLOBOTHRIUM LARVAE IN TROUT OF CALIFORNIA WATERS\*

Occurrence of different Diphylobotriidæ has been recorded from various Eastern States of the Union. This communication deals with observations of Plerocercoids of this group in the boundaries of California. The first case concerns a privately owned lake in the Tahoe region, the second a lake in Lassen National Park. In both cases Eastern brook trout have been found afflicted. It is quite likely infections of trout by similar Plerocercoids may occur in other waters of California.

The infections were severe and often fatal to fish. Fingerlings, as well as trouts, weighing over a pound, have been killed off. The afflicted fish were less shy, swimming on or near the surface of the water before they died. There was generally no emaciation. Opened and placed in a dish of clear water, a varying and often great number of Plerocercoids could be seen emerging from the body cavity. Once liberated, the Diphylobothrium larvae were swimming for some time with the alertness of leeches. The semitransparent body was elongated, ribbon-like, and slightly rounded on both ends. Placed in alcohol they assumed a saturated white color and a conical shape. Their size has been reduced by this procedure to about a third of the body length observed during life. Most of the larvae, however, remained embedded under or in between serous membranes of the intestines. Part of the Plerocercoids has been seen resting coiled in hairpin forms, others creeping extended and surrounded by large extravasates of blood. Some larvae appeared very minute, apparently having just passed the stage of the Proceroid. Highest numbers of parasites occurred regularly in the wall of the stomach, while decreasing numbers were found in the lower intestines, liver, kidney, and peritoneum. No larvae have been encountered under the skin or in deeper parts of the muscles of the body. This localization, as well as the more delicate shape of the body, makes a differentiation of these Plerocercoids from those of Diphylobothrium latum possible. It is generally admitted that even adult stages of this group are sometimes difficult to classify. This is, of course, to a higher degree

true in regard to larval stages. No proliferation of the Plerocercoids has been seen.

Fuhrmann<sup>1</sup> seems to believe that Diphylobothrium larvae multiply by agamic proliferation, a fact which the writer has not been able to confirm in observations on his unusual large material of Diphylobothrium latum collected in the Balticum. The writer, on the contrary, could demonstrate<sup>2</sup> that the increasing numbers of Plerocercoids found in larger predatory fish result from preying on smaller fish and on spawn, the latter being often infested with Plerocercoids. In other words, the more severe infections regularly observed in larger fish result from development of Proceroids after intake of primary hosts (Copepods) and, secondly, from ingestion of Plerocercoids (by preying on smaller fish and on spawn). Trout is a predatory fish, and it is quite likely the infections described above may have resulted from similar sources. This would especially explain the high incidence of Plerocercoids encountered in the wall of the stomach of these fishes. A big trout needs something more substantial as food, as there is a small copepod or a fly larva, especially if even this food is scarce by artificially filling up lakes with trout without due regard to food supply.

The species of Diphylobothrium involved could not be established, because sickness necessitated a return to San Francisco. The studies will be continued during this year. The observations are certainly a problem for the State Fish and Game Commission, which is eager to provide a large and healthy trout population of lakes and streams. It may also be of some concern to health authorities because several species of Diphylobothrium found in the United States of America thrive in animals as well as in man.

I do not know if it is not out of place to recommend to sportsmen working in medical fields not to throw intestines of fish in water or on shore, thus providing opportunities for spread of parasitic diseases, but to burn them. If anglers could be induced by these lines to make the test mentioned above for presence of Plerocercoids (to place the opened fish in a pan of water), this would not only enlarge our knowledge of regional distribution of these Diphylobotriidæ in California, but it would possibly be to their personal benefit.

The Medical Center.

M. HOBMAIER,  
San Francisco.

<sup>1</sup> Birkeland, I. W.: Bothriocephalus Anemia, Medicine, 11:1-13, 1932.

<sup>2</sup> Hobmaier, M.: Wie kommt die Infektion der Raubfische mit dem Plerocercoid von Dibothriocephalus latum zustande? Centralbl. f. Bakteriol., 2 Abt., Orig., 72:268-273, 1927.

\* From the George Williams Hooper Foundation, University of California, San Francisco.

The required methods of work are no secret; for they have been employed by thinking individuals ever since the time of Socrates. Here one cannot build without laying foundations. One cannot, for example, be a radio expert without the principles of electricity. One cannot be a business expert without economics. One cannot be an engineer without getting a knowledge of mathematics. Thus it runs throughout the cycle of subjects. Successful work is a kind of development; so before going far one must master its preliminary and prerequisite stages. There is no other valid way. One cannot build a tower without first laying a solid foundation.